ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate	level produced by rate revision effective	4-1.08
(1)	(2) Annual Premium	(3) Percent
Coverage	Volume (Illinois)*	Change (+ or -)**
1. Automobile Liability Private		
Passenger Commercial		
 Automobile Physical Damage Private Passenger Commercia 	ıl	
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>WORKERS COMPENSATION</u> Line of Insurance	18,586,479	+2.9%
Does filing only apply to certain territor	y (territories) or certain classes? If so, spe	cify: N/A
Brief description of filing. (If filing follow ADOPT NCCI 1-01-2008 ADVISORY LO	vs rates of an advisory organization, speci	ly organization):
*Adjusted to reflect all prior rate chang **Change in Company's premium leve	es. I which will result from application of new I	ates.

ALLIED PROPERTY & CASUALTY INSURANCE COMPANY
Name of Company

DIVISION OF TENE MERCHANT - SR FILING ANALYST
STATE OF ILLINOIS/IDFPR

ACR 12 2008

SPHINGFIELD, ILLINOIS

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate leve	produced by rate revision effective	+20%
(1)	(2) Annual Premium	(3) Percent
<u>Coverage</u>	Volume (Illinois)*	<u>Change (+ or -)**</u>
Automobile Liability Private		
Passenger Commercial		
 Automobile Physical Damage Private Passenger Commercial 		
Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other WORKERS COMPENSATION Line of Insurance	4,873,049	+2.0%
Does filing only apply to certain territory (ter	ritories) or certain classes? If so, specif	y: N/A
Brief description of filing. (If filing follows rat		organization):
*Adjusted to reflect all prior rate changes. **Change in Company's premium level whic	ch will result from application of new rate	es.
	ANCO	INSURANCE COMPANY
	AMCO	Name of Company
	STEVE MER	CHANT - SR FILING ANALYST
		Official – Title



ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Cha	ange in Company's premium or rate leve	el produced by rate revision effective	6/1/2008 NB & RB
	(1)	(2) Annual Premium	(3) Percent
	<u>Coverage</u>	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automobile Liability Private Passenger Commercial		
2.	Automobile Physical Damage Private Passenger Commercial	DE IMSURANCE	
3.	Liability Other Than Auto	1. 1 · 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	
4.	Burglary and Theft		
5.	Glass JUN	U 1 2008	
6.	Fidelity		
7.	Surety	<u> </u>	
8.	Boiler and Machinery SPER GET	ELD, ILLINOIS	
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers Compensation	\$24,433,254	2.9%
	Line of Insurance		
Doe	es filing only apply to certain territory (te	rritories) or certain classes? If so, specify:	
Brie	ef description of filing. (If filing follows ra	tes of an advisory organization, specify org	anization): NCCI
Plea	se refer to the enclosed Actuarial Memorandum.		
	justed to reflect all prior rate changes.		
**C	hange in Company's premium level whi	ch will result from application of new rates.	
	<u></u>	Consolida	ited Insurance Company
	RECEIVE	Na Na	ame of Company
	MECEIVE		
	250 0 0 2007		Sr. Analyst, Regulatory Filing
	DEC 2 8 2007		Official - Title
		1	
	IDFPR (MPC) DIVISION OF INSURAN	uce 1	
	SPRINGFIELD		

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Cha	ange in Company's premium or rate le	vel produced by rate revision effective	H-1-08 +5%
	(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
1.	Automobile Liability Private Passenger Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto		
	Burglary and Theft		
	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
	Homeowners _		
	Commercial Multi-Peril		
	Crop Hail		A E9/
15.	Other WORKERS COMPENSATION Line of Insurance	804,117	<u>+4.5%</u>
<u>AD</u>	OPT NCCI 1-01-2008 ADVISORY LOSS diusted to reflect all prior rate changes.	hich will result from application of new rate	
			Name of Company
		STEVE MERC	CHANT - SR FILING ANALYST
			Official - Title DIVISION OF INCIDENCE STATE OF LANCIS SINCE PRINCE APR (1 2209 PRINGFIELD, ILLINOIS

RECEIVED

DEC 3 1 2007

IDFPR (MPC)
DIVISION OF INSURANCE
SPRINGFIELD

Form (RF-3)

SUMMARY SHEET

	(1)	(2)		(3) Percent
	Coverage	Annual Premium Volume (Illinois)*	<u>Cha</u>	ange (+ or -)**
	bile Liability			
Private Comm	Passenger			
	erciai bile Physical Damage			
	Passenger			
Comm				
Liability	Other Than Auto			
Burglary	and Theft			
Glass				
Fidelity				<u> </u>
Surety				
	nd Machinery			<u> </u>
Fire Extende	d Coverage			
inland N	_			
Homeov		•		
	rcial Multi-Peril			
Crop Ha				
Other	Workers Compensation	814,245,196		2010
filing only		territories) or certain classes? If s	specify: RITORIES	2
description CLINO STS, J CLINO Adjusted to r Change in Co	apply to certain territory (I	rs rates of an advisory organization RET MAICHET ME RETURN E-FFE FOLICIES AS FL - 2007 - 05, es.	<u> </u>	PATES, LUSS
description LINO STS LINO Adjusted to r Change in Co	of filing. (If filing follows) Of Filing CATING CACULAR effect all prior rate change ompany's premium level w	rs rates of an advisory organization of MARKET AS POLICIES, AS PANCE SHOPE	Specify organization VISORY K TWE-JANUX SUBJUITTE	PATES, LUSS
description LINO STS LINO Adjusted to r Change in Co	of filing. (If filing follows) Of filing. (If filing follows) OF PROPERTY (INC.) AND RATING AND RATING PERCENTAL PE	rs rates of an advisory organization of MARKET AS POLICIES, AS PANCE SHOPE	DIJUOND Name of C	INSURANCE- Company GARUS

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

RECEIVED JAN 1 8 2008 01/01/08

Change in Company's premium or rate level produced by rate revision effective

(3) (1) (2) **Annual Premium** Percent Change (+ or -)** Volume (Illinois)* Coverage 1. Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Workers Compensation \$13,021,517 +3.9% Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify: No Brief description of filing. (If filing follows rates of an advisory organization, specify organization): This filing is to adopt the approved NCCI circulars IL-2007-05 and IL-2007-08 effective 1/1/2008. *Adjusted to reflect all prior rate changes. **Change in Company's premium level which will result from application of new rates. Erie Insurance Exchange Name of Company

Ross C. Fonticella, ACAS, MAAA Vice President and Manager

ILLINOIS DEPARTMENT OF INSURANCE **SUMMARY SHEET**

Change in Company's premium or rate level produced by rate revision effective

JAN 1 8 2008

RECEIVED

01/01/08

	(1)	(2)	(3)
		Annual Premium	Percent
	<u>Coverage</u>	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Autobobile Physical Damage		
	Private Passenger		
	Commercial	<u> </u>	
3.	Liability Other Than Auto		
4.	Burglary and Theft	_	
5.	Glass		
6.	Fidelity		
7.	Surety		·
	Boiler and Machinery		
	Fire		
10.	Extended Coverage		
	Inland Marine		· · · · · · · · · · · · · · · · · · ·
	Homeowners	and the second s	
	Commercial Multi-Peril	•	· · · · · · · · · · · · · · · · · · ·
	Crop Hail		
	Other Workers Compensation	\$1,845,478	+10.0%
١٠.	Line of Insurance	Ψ1,0+0,410	. 10.078
	Line of Hisurance		
Đoe	es filing only apply to certain territory (territories) o	or certain classes? If so, specify	т. <u>No</u>
Brie	of description of filing. (If filing follows rates of an	advisory organization, specify o	rganization):
	This filing is to adopt the approved NCCI circula	rs IL-2007-05 and IL-2007-08 ef	fective 1/1/2008.
	ljusted to reflect all prior rate changes. nange in Company's premium level which will res	ult from application of new rates	·.
		Erie Insurance	e Company
		Name of C	ompany
		1 7 - 11	

Ross C. Fonticella, ACAS, MAAA Vice President and Manager

RECEIVED

JAN 18 2008

IDFPR (MPC) DIVISION OF INSURANCE SPRINGFIELD

Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 01/01/08 (3) (1) (2)**Annual Premium** Percent Change (+ or -)** Coverage Volume (Illingis)* 1. Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Workers Compensation \$50,507 +23.2% Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify: Brief description of filing. (If filing follows rates of an advisory organization, specify organization). This filing is to adopt the approved NCCI circulars IL-2007-05 and IL-2007-08 effective 1/1/2008. $x_{i,j}$ *Adjusted to reflect all prior rate changes. **Change in Company's premium level which will result from application of new rates. Erie Insurance Company of New York Name of Company Ross C. Fonticella, ACAS, MAAA

Vice President and Manager

RECEIVED

JAN 18 2008

Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE **SUMMARY SHEET**

IDFPR (MPC)
DIVISION OF INSURANCE
SPRINGFIELD

Change in Company's premium or rate level pr	oduced by rate revision effective	01/01/08
(1)	(2)	(3)
()	Annual Premium	Percent
<u>Coverage</u>	Volume (Illinois)*	Change (+ or -)**
	Voidine (illinois)	Ondinge (1_0)
Automobile Liability		
Private Passenger		
Commercial		
Automobile Physical Damage		
Private Passenger		
Commercial	and the second s	
3. Liability Other Than Auto Day	·	
4. Burglary and Theft Sunt Grid		
5. Glass		
6. Fidelity	. 00/03	
7. Surety JAN 0	1 7008	
8. Boiler and Machinery		
-	- 0.01013	
10. Extended Coverage SPRINGFIE	LD, IL LINOIS	
11, Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers Compensation	\$5,943	-2.9%
Line of Insurance	40,540	2.070
Line of instrance		
Does filing only apply to certain territory (territory	rips) or certain classes? If so specify	: No
Does ming only apply to certain ternitary (territo	ities) of certain classes: 11 so, epocity.	
Brief description of filing. (If filing follows rates	of an advisory organization, specify or	manization):
This filing is to adopt the approved NCCI		
This hing is to adopt the approved NCCI	Circulars 12-2007-03 and 12-2007-00 ex	17 17 2000.
the direct and the reflect of prior rate abandon		
*Adjusted to reflect all prior rate changes.	will as a sub-frage possible tion of possible	
**Change in Company's premium level which v	viii resuit from application of new rates	•
	Erio Incomence Des	anati 8 Carrelle A
		perty & Casualty Co.
	Name of C	ompany
	Way to the !!	
	For jonwella	
	Ross C. Fonticella, ACAS, MAA	VA .

Vice President and Manager Official - Title

FORM RF-3

Change in Company's premium or rate level produced by rate	te revision effective	3/1/2008		
(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**		
1. Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hall 15. Workers Compensation 16. Other Line of Insurance	15.8M		ON OF INSULANCE OF ILLINGIS AR 0 1 2003 ANGFIELD, ILLINOIS	
Does filing only apply to certain territory (territories) or	r certain classes? II so, speci			
Brief description of filing (if filing follows rates of an ad- Adoption of NCCI approved 1/1/08 loss costs with a c NCCI approval circular IL-2007-08 * Adjusted to reflect all prior rate changes.			loss cost multiplier.	
** Change in Company's premium level which will res	ult from application of new rat		Everest National Ins. Name of Comp	
			Official — Tit	

ILLINOIS SUMMARY SHEET Form (RF-3)

Change in Company's premium o revision effective	r rate level produced by rate January 1, 2008	
(1)	(2)	(3)
(1)	Annual Premium	, -
Coverage	Volume (Illinois) *	
- Covorage		
Automobile Liability		
Private Passenger	<u> </u>	
Commercial		
Automobile Physical Damage		
Private Passenger		
Commercial		
Liability Other Than Auto		
Burglary and Theft		
Glass		
Fidelity		
Surety		
Boiler and Machinery		
Fire		
Extended Coverage		
Inland Marine		
Homeowners		
Commercial Multi-Peril		
Crop Hail		
Workers Compensation	\$4,223,706	11.4%
Other		
Line of Insurance		
Does filing only apply to certain territ	ony (territories) or certain	CTILL STATE
classes? If so, specify: No	bry (territories) or contain	
		JAN 0 1 2008
Brief description of filing. (If filing foll	love rotor of an advisory	
		1
organization, specify organization):	ollonoous values, and Evhibit III De	ductible the usance Medical Reposite
organization, specify organization): (1) Adopt 1/1/08 NCCI Loss Costs, misc (2) Revise loss cost multipliers	elianeous values, and Exhibit III De	Cuclibie insurance-iviedical belients
(2) NEVISC 1033 COST III AUDITO		
(3) Adopt downward deviations in 40 cla	3562	
(4) Revise Safety Association Discount		

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

Farmers Insurance Exchange
Name of Company

James J. Gebhard, FCAS, MAAA Actuary, Workers Compensation Official - Title

RECEIVED

JAN 18 2008

Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE **SUMMARY SHEET**

IDFPR (MPC) DIVISION OF INSURANCE SPRINGFIELD

Change in Company's premium or rate level produ	uced by rate revision effective	01/01/08
(1)	(2)	(3)
()	Annual Premium	Percent
Coverage	Volume (Illinois)*	Change (+ or -)**
Automobile Liability		 -
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
 Liability Other Than Auto Burglary and Theft) 5	
5. Glass		
6. Fidelity		
7. Surety JA: 0 1 2008		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage GPY. SAIELD, ILLIN	OIS	
11, Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		· · · · · · · · · · · · · · · · · · ·
14. Crop Hail		
15. Other Workers Compensation	\$124,528	+8.5%
Line of Insurance		
Does filing only apply to certain territory (territories	s) or certain classes? If so, specify	: <u>No</u>
Brief description of filing. (If filing follows rates of	an advisory organization, specify o	rganization):
This filing is to adopt the approved NCCI circ		
*Adjusted to reflect all prior rate changes.		
**Change in Company's premium level which will	result from application of new rates	ò.
	Erie Insuranc e	Flagship City INS. 6
	Name of (
	(1 7-11	
	Koss Jorucula	
	Ross C. Fønticella, ACAS, MAA	4 A

Vice President and Manager Official - Title

FORM RF - 3

Change in Company's premium or rate level produced by rate revision effective: 3/1/2008

	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+ or -) **
1.	Automobile Liability Private Passenger		
2.	Commercial Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		-
6.	Fidelity	the fire their courts and a second design of the court.	
7.	Surety	PLAN SOPPH	
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage	Ú 1 27. 3	
11.	Inland Marine		
12.	Homeowners gas and	ELD, ILLINOIS	
13.	Commercial Multi-Peril	Marie of Change Table	
14.	Crop Hail		
15.	Workers Compensation	\$1,577,315	2.7%
16.	Other		
Does fi	(Line of Insurance) ling only apply to certain territory (territo	ries) or certain classes? If so, specify:	NO
of NCC		of an advisory organization, specify organiz spective Rating Values from NCCI Circular I be effective March 1, 2008.	
	* Adjusted to reflect all prior rate cha ** Change in Company's premium lev	nges. rel which will result from application of new r	rates.

Great American Alliance Insurance Company

Name of Company

Donna Lansing, Product Analyst
Official - Title

WC-IL-6

FORM RF - 3

Change in Company's premium or rate level produced by rate revision effective:

RECEIVED

JAN 18 2008

IDFPR (MPC)
DIVISION OF INSURANCE
SPRINGFIELD

3/1/2008 (1) (2)(3) **Annual Premium** Percent Coverage Volume (Illinois) * Change (+ or -) ** 1. Automobile Liability Private Passenger Commercial Automobile Physical Damage 2. Private Passenger Commercial Liability Other Than Auto 3. MAR 0 1 2008 4. Burglary and Theft 5. Glass 6. Fidelity SPALIGHELD, ILLINOIS 7. Surety 8. **Boiler and Machinery** 9. Fire 10. **Extended Coverage** 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Workers Compensation \$10,321 0.3% 16. Other (Line of Insurance) Does filing only apply to certain territory (territories) or certain classes? If so, specify: NO Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adoption of NCCI Loss Costs, Rating Values and Retrospective Rating Values from NCCI Circular IL-2007-05 effective Jan. 1, 2008. Our filing (WC IL 0801 LCST) to be effective March 1, 2008.

*	Adjus	ted to	o reflec	t all	prior	rate	changes.
---	-------	--------	----------	-------	-------	------	----------

Great American Assurance Company	
Name of Company	

Donna Lansing, Product Analyst
Official - Title

^{**} Change in Company's premium level which will result from application of new rates.

FORM RF - 3

Change in Company's premium or rate level produced by rate revision effective

3/1/2008

RECEIVED

JAN 1 8 2008

IDFPR (MPC)
DIVISION OF INSURANCE
SPRINGFIELD

	(1)	(2) Annual Premium	(3)
	Coverage	Volume (Illinois) *	Change (+ or -) **
		1.7 1 3103	
1.	Automobile Liability		ţ
	Private Passenger	SP. OFIELD, ILLIN	
_	Commercial		018
2.	Automobile Physical Damage	The state of the s	· · · · · · · · · · · · · · · · · · ·
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		-
15.	Workers Compensation	\$522,058	2.6%
16.	Other		
	(Line of Insurance)		
Does fi	iling only apply to certain territory (territories	s) or certain classes? If so, specify:	NO
	escription of filing. (If filing follows rates of a		
	on of NCCI Loss Costs, Rating Values and		Cl Circular IL-2007-05
effectiv	e January 1, 2008. Our filing (WC IL 0801	LUST) to be effective March 1, 2008.	

Great American Insurance Company of New York
Name of Company

Donna Lansing, Product Analyst
Official - Title

^{*} Adjusted to reflect all prior rate changes.

^{**} Change in Company's premium level which will result from application of new rates.

12/20/07

ILLINOIS DEPARTMENT OF INSURANCE **SUMMARY SHEET**

APR 0 1 2008

DIVISION OF LIBURANCE ราสาร์ จะไม่ประจำรับระ**คลั** เอาการ์ ราสาร์

Change in Company's premium or rate level produced by rate revision effective

SPERIOGRELD, 'LLIMOHS 1.

(3) (1)(2)

Coverage	Annual Premium Volume (Illinois)*	Percent Change (+ or -)
Automobile Liability Private		
Automobile Physical Damage		· ·
Private Passenger Commercial		
Liability Other Than Auto		
Burglary and Theft		
Glass		
Fidelity		
Surety		
Boiler and Machinery		
Fire		
Extended Coverage		
Inland Marine		
Homeowners		
Commercial Multi-Peril		
Crop Hail		
Other Workers' Compensation	11,212,321	-8.3%
	Automobile Liability Private Passenger Commercial Automobile Physical Damage Private Passenger Commercial Liability Other Than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Peril Crop Hail	Automobile Liability Private Passenger Commercial Automobile Physical Damage Private Passenger Commercial Liability Other Than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Peril Crop Hail Other Workers' Compensation 11,212,321

Does	this filing only apply to certain territory (territories) or certain classes?	
If so,	specify:	No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Hartford Accident and Indemnity Co. will deviate -25% from the group rates. Including a loading for our own expenses with an expense multiplier of 1.07.

* Adjusted to reflect all prior rate changes.

Hartford Accident and Indemnity Co. Name of Company

Shawn M Biebel

Shawn M Biebel **Pricing Analyst** Official-Title

RECEIVED

DEC 2 4 2007

IDFPR (MPC) Division of Insurance Springfield

^{**} Change in the company's premium level which will result from application of new rates.

		-		
FOR	R A		~	
	UVI	RF	1	
			_	

12/20/07

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective

April 1, 2008

RECEIVED

DEC 2 4 2007

IDFPR (MPC)
DIVISION OF INSURANCE
SPRINGFIELD

		(1)	(2) Annual Premium	(3) Percent	
		Coverage	Volume (Illinois)*	Change (+ or -)**	
1.	Automobil	e Liability Private			
		r Commercial			
2.	_	e Physical Damage			^
		ssenger Commercial			
3.		ther Than Auto			94
4.	Burglary a				A SOL
5.	Glass			- Andrews	
6.	Fidelity				
7.	Surety				
8.	Boiler and	Machinery	· · · · · · · · · · · · · · · · · · ·		0
9.	Fire				Tong Tang
10.	Extended	Coverage			16 10 201
11.	Inland Ma	rine			
12.	Homeown	ers			
13.	Commerci	al Multi-Peril			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
14.	Crop Hail				
15.	Other	Workers' Compensation	10,835,436	-8.3%	
		Line of Insurance			
Does	this filing on	ly apply to certain territory	(territories) or certain	classes?	
	, specify:	•	•	No	

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Hartford Casualty Insurance Company will deviate -5% from the group rates. Including a loading for our own expenses with an expense multiplier of 1.355.

- * Adjusted to reflect all prior rate changes.
- ** Change in the company's premium level which will result from application of new rates.

Hartford Casualty Insurance Company
Name of Company

Shawn M Biebel

FORM		Filing Date:	12/20/07 ANCE	
SUMN	OIS DEPARTMENT OF INSURANCE MARY SHEET ge in Company's premium or rate level	Val or you	80	RECEIVED DEC 2 4 2007
rate re	vision effective	SPHINGIVE	April 1, 2008	IDFPR (MPC) DIVISION OF INSURANCE SPRINGFIELD
	(1)	(2)	(3)	J-HINGFIELD
	Coverage	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**	
1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15.	Automobile Liability Private Passenger Commercial Automobile Physical Damage Private Passenger Commercial Liability Other Than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Peril Crop Hail Other Workers' Compensation Line of Insurance	18,396,044	-8.3%	
	this filing only apply to certain territory specify:	(territories) or certail	n classes? No	
Brief d	lescription of filing. (If filing follows rat	es of an advisory org	ganization, specify org	anization):
Hartfo	rd Fire Insurance Company will deviat	e -10% from the grou	in rates	

Including a loading for our own expenses with an expense multiplier of 1.283.

- * Adjusted to reflect all prior rate changes.

 ** Change in the company's premium level which will result from application of new rates.

Hartford Fire Insurance Company Name of Company

Shawn M Biebel

IFORM	RF-3	
	 	

12/20/07

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective

April 1, 2008

RECEIVED

DEC 2 4 2007

IDFPR (MPC) DIVISION OF INSURANCE SPRINGFIELD

		(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**			
1.		oile Liability Private per Commercial					
2.		oile Physical Damage Passenger Commercial					
3.	Liability	Other Than Auto					
4.	Burglary	and Theft				- د مادد - بویس	
5.	Glass			1	***************************************		ζ.
6.	Fidelity				60		<i>to:</i>
7.	Surety				i.i		
8.	Boiler ar	nd Machinery			1.1.	A I	70
9.	Fire	·			ì	ززر	
10.	Extende	d Coverage				د)	
11.	Inland M	larine			1 1	į, t	
12.	Homeow	vners			::).
13.	Comme	rcial Multi-Peril				;o	
14.	Crop Ha	il			7		10
15.	Other	Workers' Compensation Line of Insurance	10,640,330	-8.3%		***	one and a
	this filing o	only apply to certain territory	(territories) or certain	classes?			

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Hartford Insurance Company of Illinois will deviate -20% from the group rates. Including a loading for our own expenses with an expense multiplier of 1.141.

- * Adjusted to reflect all prior rate changes.
- ** Change in the company's premium level which will result from application of new rates.

Hartford Insurance Company of Illinois
Name of Company

Shawn M Biebel

	RF-3

12/20/07

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective

April 1, 2008

RECEIVED

DEC 2 4 2007

IDFPR (MPC)
DIVISION OF INSURANCE
SPRINGFIELD

		(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**	
1.	Automo	bile Liability Private			
	Passen	ger Commercial			
2.	Automo	bile Physical Damage			•
	Private	Passenger Commercial			
3.	Liability	Other Than Auto			
4.	Burglary	y and Theft			We the
5.	Glass				(50.0)
6.	Fidelity				A. A
7.	Surety				
8.	Boiler a	nd Machinery		- Comme	· · · · · · · · · · · · · · · · · · ·
9.	Fire			·	
10.	Extende	ed Coverage			103
11.	Inland N	/larine			
12.	Homeo	wners			The State of
13.	Comme	rcial Multi-Peril			
14.	Crop Ha				
15.	Other	Workers' Compensation	32,427,580	-8.3%	
		Line of Insurance			
		only apply to certain territory	(territories) or certain	classes?	
IT SO	, specify:			140	

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Hartford Insurance Company of the Midwest will deviate -15% from the group rates. Including a loading for our own expenses with an expense multiplier of 1.212.

- * Adjusted to reflect all prior rate changes.
- ** Change in the company's premium level which will result from application of new rates.

Hartford Insurance Company of the Midwest
Name of Company

Shawn M Biebel

	<u> </u>
IIF CJR IVI	₩- -
• · · · · · · ·	111-0
FORM	KL-2

12/20/07

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective

April 1, 2008

RECEIVED

DEC 2 4 2007

IDFPR (MPC)
DIVISION OF INSURANCE
SPRINGFIELD

		(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**	
1.		oile Liability Private			
^		ger Commercial			
2.		oile Physical Damage			
•		Passenger Commercial	<u> </u>		· ·
3.	•	Other Than Auto		/	DIVI
4.		and Theft	 		Signo
5.	Glass				E OF IL
6.	Fidelity				
7.	Surety	ed Mashinan		/ -	APP O PACE
8.		nd Machinery		- 55	0 1 20
9.	Fire	d Cayorogo			'35, "Ing
10.	Inland M	d Coverage			ESTELD, ZUNOIS
11. 12.	Homeov				24/1/2
13.	=	rcial Multi-Peril			0/8
13. 14.	Crop Ha				/
15.	Other	Workers' Compensation	23,668,347	-8.3%	,
13.	Other	Line of Insurance	20,000,011		
		2			
Does	this filing (only apply to certain territory	(territories) or certain	classes?	
	, specify:		,	No	
- ,					

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Hartford Underwriters Insurance Company will deviate 10% from the group rates. Including a loading for our own expenses with an expense multiplier of 1.569.

- * Adjusted to reflect all prior rate changes.
- ** Change in the company's premium level which will result from application of new rates.

Hartford Underwriters Insurance Company
Name of Company

Shawn M Biebel

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate I (1)	evel produced by rate revision effective(2) Annual Premium	6/1/2008 NB & RB (3) Percent
Coverage	Volume (Illinois)*	<u>Change (+ or -)**</u>
Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		
Private Passenger Commercial Liability Other Than Auto		
l. Burglary and Theft		
b. Glass		
5. Fidelity		
'. Surety		
Boiler and Machinery		
). Fire		
Extended Coverage		
1. Inland Marine		
2. Homeowners		
Commercial Multi-Peril		
4. Crop Hail		
5. Other Workers Compensation	\$4,823,307	2.8%
Line of Insurance		
Does filing only apply to certain territory	(territories) or certain classes? If so, specify:	
Brief description of filing. (If filing follows	s rates of an advisory organization, specify org	anization): NCCI
Adjusted to reflect all prior rate change *Change in Company's premium level v	s. which will result from application of new rates.	
	Indiana	a Insurance Company



Indiana Insurance Company

Name of Company

Tammy Blake, Sr. Analyst, Regulatory Filing

Official – Title

DIVISION OF INSURANCE STATE OF ILLINOIS/IDFPR

FORM RF-3

Char	ige in Company's premium or rate level produced by rate	e revision effective Januar	1,2008
	(1)	(2) Annual Premuim	(3) Percent
	Coverage	Volume (Illinois)*	Change (+ or -)**
1.	Automobile Liability Private Passenger Commercial		
2.	Automobile Private Passenger Commercial Liability Other than August OF ILL NOIS DEPARTMENT		
3.	Commercial Liability Other than Angly Late OF LL NOIS IN COMMERCIAL COMMERCIA		
4. 5. 6.	Burglary and Theft Glass Fidelity		
7. 8.	Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage	1019	
9. 10.			
11. 12. 13.	Inland Marine Homeowners Commondial Multi Paril		
13. 14. 15.		\$13,695	+4.0%
16.	Other Line of Insurance		
Does	s filing only apply to certain territory (territories) or certa	in classes? If so, specify	NO
	f description of filing (if filing follows rates of an adviso UNTARY RATES, RATING VALUES AND		ization) ADOPTION OF NCCI'S FING PLAN PARAMETERS
	ECTIVE JANUARY 1, 2008.		
	* Adjusted to reflect all prior rate changes. ** Change in Company's premium level which will result f	from application of new rates.	
			PANY OF THE WEST
			f Company
			Sr. Filing Analyst al - Title

SUMMARY SHEET

Change in Company's premium or rate level produced by rate

revisions effective 03/01/2008

DIVISION OF INSURANCE STATE OF ILLINOIS/IDFPR

MAR 0 1 2008

SPRINGFIELD, ILLINOIS

	(1)	(2)	(3)
	Coverage	Annual Premium Volume (Illinois)*	Percent Change (+ or -) **
1.	Automobile Liability		
	Private Passenger		
	Commercial ·		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers' Compensation	2,608,143	19.50%
	Line of Insurance		
	s filing only apply to certain territory (te erritories and all classes.	erritories) or certain classes? If s	so, specify:
			
	f description of filing. (If filing follows		
Usin	g NCCI Circular IL-2007-05, we have a	used our company Loss Cost Mo	odifier of 1.719 for all

classes except 8215 and 8304, where we have supplied our own rates.

Michigan Millers Mutual Insurance Company Name of Company

Tom Lindell -- Executive Vice President

^{*} Adjust to reflect all prior rate changes.

^{**} Change in Company's premium level which will result from application of new rates.

ILLINOIS SUMMARY SHEET Form (RF-3)

Au P C Au P C Lia Bu Gla Su	verage tomobile Liability rivate Passenger ommercial tomobile Physical Damage rivate Passenger ommercial ibility Other Than Auto rglary and Theft ass lelity rety		(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+ or -) **
Au P C Au P C Lia Bu Gla Su	tomobile Liability rivate Passenger ommercial tomobile Physical Damage rivate Passenger ommercial ibility Other Than Auto rglary and Theft ass lelity rety			
Au P C Au P C Lia Bu Gla Su	tomobile Liability rivate Passenger ommercial tomobile Physical Damage rivate Passenger ommercial ibility Other Than Auto rglary and Theft ass lelity rety		Volume (Illinois) *	Change (+ or -)
P C Au P C Lia Bu Gla Su	rivate Passenger ommercial tomobile Physical Damage rivate Passenger ommercial ibility Other Than Auto rglary and Theft ass lelity rety			
C Au P C Lia Bu Gla Su	ommercial tomobile Physical Damage rivate Passenger ommercial ibility Other Than Auto rglary and Theft ass lelity rety			
Au P C Lia Bu Gla Fid Su	tomobile Physical Damage rivate Passenger ommercial ibility Other Than Auto rglary and Theft ass lelity rety			
P C Lia Bu Gla Fid Su	rivate Passenger ommercial bility Other Than Auto rglary and Theft ass lelity rety			
Lia Bu Gla Fid Su	bility Other Than Auto rglary and Theft ass felity rety			
Bu Gla Fid Su	rglary and Theft ass lelity rety			
Gla Fid Su	ass delity rety			
Fid Su	lelity rety			
Su	rety			
	•			
	iler and Machinery			•
Fir				
Ex	tended Coverage			
	and Marine			
Ho	meowners			
Co	mmercial Multi-Peril			
Cn	op Hail			
We	orkers Compensation	6.0	\$2,072,611	/ 12.0%
Ot	her	<u> </u>	<u> </u>	
	Line of Insurance	,		
	iling only apply to certain			
classes	? If so, specify: N	9	31. 0 1 Ziyin	
		0~		
	٤	877.1.3	. Tiel 1-	0-
م عدده	escription of filing. (If filing	a follows soto	an addicable	` <i>O</i> 8
			S Urall advisory	
organiz	ation, specify organization)	minosilanosus	values, and Exhibit III Deductible	Insurance-Medical Bénefits
(1) Ado	rise loss cost multipliers	miscellarieous	values, and Exhibit in Deduction	Histratice-medical benefits
	nse loss cost multipliers opt downward deviations in 4	O classes		
	rise Safety Association Disc			

Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

Mid-Century Insurance Company
Name of Company

James J. Gebhard, FCAS, MAAA Actuary, Workers Compensation Official - Title

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR

Form (RF-3)

SUMMARY SHEET

JAN 0 1 2008

SPRINGFIELD, ILLINOIS

Change in Company's premium	or rate level produced by rate revision effe	ect ive 01/01/2008

		(1) <u>Coverage</u>	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1.	Autome	obile Liability		
		e Passenger		
	Comn	nercial		
2.		obile Physical Damage		
		e Passenger	<u></u>	
		nercial	·	
3.		y Other Than Auto	 	
4.		ry and Theft		
5.	Glass			
6.	Fidelity	/	<u> </u>	
7.	Surety			
8. Boiler and Machinery				
9.	Fire			
10.		ed Coverage		
11.	Inland :			
12.	Homeo	******		
13.	-	ercial Multi-Peril		
14.	Crop H		1.605.005	1.50/
15.	Other	Workers'	1,537,927	1.5%
		Compensation		
		Line of Insurance		
Does f	iling only	apply to certain territory	(territories) or certain classes? If so, spec	ify:
Ado	ption of	the National Counci	ws rates of an advisory organization, specton Compensation Insurance, Inc.'s	("NCCI") Illinois Voluntary
			Rating Values, and Illinois Item 02	-IL-200/, effective
Janu	ary 1, 2	008		

- * Adjusted to reflect all prior rate changes.
- Change in Company's premium level which will result from application of new rates.

Mitsui Sumitomo Insurance Company of America

Name of Company

Scott M. Herbert, Sr. Gov't Affairs Analyst Official - Title

SUMMARY SHEE Form (RF-3) Change in Company's premium or rate level produced by rate revision effective (3)(1) Annual Premium Percent Volume (Illinois)* Change (+ or -)** Coverage Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto Burglary and Theft 4. 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire Extended Coverage 10. 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other 2,309,845 2.8% Workers' Compensation Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify:

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):
Adoption of the National Council on Compensation Insurance, Inc.'s ("NCCI") Illinois Voluntary
Market Advisory Loss Costs and Rating Values, and Illinois Item 02-IL-2007, effective
January 1, 2008

- * Adjusted to reflect all prior rate changes.
- ** Change in Company's premium level which will result from application of new rates.

Mitsui Sumitomo Insurance USA Inc.

Name of Company

Scott M. Herbert, Sr. Gov't Affairs Analyst

}

ILLINOIS DEPARTMENT OF INSURANCE **SUMMARY SHEET**

Change in Company's premium or ra	te level produced by rate revision effective	6/1/2008 NB & RB
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
Automobile Liability Private		
Passenger Commercial		
 Automobile Physical Damage Private Passenger Commerce 	cial	
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers Compensation	\$9,369,967	3.2%
Line of Insurance		
Does filing only apply to certain territory	ory (territories) or certain classes? If so, specify:	
Brief description of filing. (If filing follo	ows rates of an advisory organization, specify organ	nization): NCCI
Please refer to the enclosed Actuarial Memoral		
*Adjusted to reflect all prior rate chan	iges.	

RECEIVED

DEC 2 8 2007

IDFPR (MPC)
DIVISION OF INSURANCE
SPRINGFIELD

The Netherlands Insurance Company Name of Company Tammy Blake, Sr. Analyst, Regulatory Filing Official - Title DIVISION O JUM 6 1 SUU8 SPECYGETELD, ILLINOIS

^{&#}x27;Change in Company's premium level which will result from application of new rates.

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

hange in Company's premium or rate level	produced by rate revision effective	6/1/2008 NB & RB
(1)	(2)	(3)
Coverage	Annual Premium Volume (Illinois)*	Percent <u>Change (+ or -)**</u>
Automobile Liability Private		
Passenger Commercial		
Automobile Physical Damage		
Private Passenger Commercial		
Liability Other Than Auto		
Burglary and Theft		
Glass		
Fidelity Surety		
Boiler and Machinery Fire		
). Extended Coverage		
. Inland Marine		
2. Homeowners		
3. Commercial Multi-Peril	***	
4. Crop Hail		
5. Other Workers Compensation	\$3,333,567	1.1%
Line of Insurance		
oes filing only apply to certain territory (territory entering only apply to certain territory (territory) (territ		anization): NCCI
Adjusted to reflect all prior rate changes. 'Change in Company's premium level which	h will result from application of new rates.	
	Peerles	s Insurance Company
	- Na	ame of Company
	Tammv Blake.	Sr. Analyst, Regulatory Filing
	DIVISION OF A	
	STAT " A	DEPR

RECEIVED

DEC 2 8 2007

IDFPR (MPC) DIVISION OF INSURANCE SPRINGFIELD

Name of Company	
Tammy Blake, Sr. Analyst, Regulat	ory Filing
DIVISION OF Official ATMBE STAT L. DEPR	
5	
JUN 5 1 21108	
SPAL COLLED, LLENOIS	

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

	(1)	(2)	(3)
	Coverage	Annual Premium Volume (Illinois)*	Percent <u>Change (+ or -)*</u>
. Au	tomobile Liability Private Passenger Commercial		
. Au	tomobile Physical Damage		
. Lia	ability Other Than Auto		
	rglary and Theft		
	ass		
	delity		
	rety		
	iler and Machinery		
. Fir	<u> </u>		
	tended Coverage		
	and Marine		
	omeowners		
	ommercial Multi-Peril		
	op Hail	#400.040	0.30
o. Ut	her Workers Compensation	\$199,610	-0.3%
	Line of Insurance		
oes fi	ling only apply to certain territory (territ	ories) or certain classes? If so, specif	fy:
 Brief de	escription of filing. (If filing follows rates	of an advisory organization, specify	organization): NCCI
lease re	fer to the enclosed Actuarial Memorandum.		
	ed to reflect all prior rate changes. ge in Company's premium level which	will result from application of new rate	es.
		Peerless	Indemnity Insurance Company
			Name of Company
	RECEIVED		

DEC 28 2007

IDFPR (MPC)
DIVISION OF INSURANCE
SPRINGFIELD

Tammy Blake, Sr. Analyst, Regulatory Filing	
(Official Title
	DIVISION O. STATE C.
der persona	JUN C 1 7 mg

SPRINGFIELD LUROIS

RECEIVED

DEC 1 9 2007

IDFPR (MPC) Division of Insurance Springfield

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective $\frac{1/1/2008}{}$.

(1)	(2)	(3)
Coverage DIVISION OF INSURANCE	Annual Premium	Percent
CTATIL DE ILLINOISEE	Volume (Illinois)*	Change (+ or –)**
1. Automobile Liability		
Private Passenger		
Commercia 2. Automobile Physical Damage Private Passenger		
2. Automobile Physical Damage `		
i tivato i associaci		
Commercial CREINGFIELD, ILLINO'S		
Commercial 3. Liability Other than ADRINGFIELD, ILLINO'S		
4. burgiary and Thert-		<u> </u>
5. Glass		
6. Fidelity		
7. Surety		
Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	1,402,741	+4.0%
16. Other		<u></u>
Line of Insurance		
Dans Eliza cally apply to portain togethery (togetheries) or cortain al	annan'i If an annaify	
Does filing only apply to certain territory (territories) or certain cl	asses? If so, specify	
Brief description of filing (if filing follows rates of an advisory org	anization, specify organ	nization)
		· · · · · · · · · · · · · · · · · · ·
A 11 - 4 - 4 4 41 4 - 11 1 4 4		
 * Adjusted to reflect all prior rate changes. ** Change in Company's premium level which will result from ap 	inlication of new rates	
Citalige in Company's premium level which will result from ap	phoation of new rates.	
	Pr	aetorian Ins. Co.
		Name of Company
	_	• •
	<u>Ti</u>	na Gill, Analyst
		Official — Title

UNION SUPPRIEDEPR

RECEIVED

8002 0 1 NAL

IDFPR (MPC) DIVISION OF INSURANCE

Form (RF-3)

J. ... 1 2008 SUMMARY SHEET

Change in Company's premium or rate level produde NOIS te revision effective January 1, 2008 (3) (1) (2) Annual Premium Percent Volume (Illinois)* Change (+ or -)** Coverage Automobile Liability 1. Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial Liability Other Than Auto 3. **Burglary and Theft** 4. 5. Glass 6. **Fidelity** 7. Surety 8. Boiler and Machinery 9. Fire 10. **Extended Coverage** 11. Inland Marine 12. Homeowners Commercial Multi-Peril 13. 14. Crop Hail Other \$586,348 15. Workers +4.0% = \$609,802 Compensation Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify: No Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adoption of NCCI Advisory Rates Filing to be effective January 1, 2008.

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

Preferred Professional Insurance Company

Name of Company

Denise Hill, VP, Corporate Compliance Officer

	<u> </u>		
FO	RM	RF-3	

1	2/20/07
1	ZIZUIUI

RECEIVED

DEC 2 4 2007

DFPR (MPC)
DIVISION OF INSURANCE
SPRINGFIELD

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective

<u>April 1, 2008</u>

	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois)*	Change (+ or -)**
1.	Automobile Liability Private		
••	Passenger Commercial		
2.	Automobile Physical Damage		
	Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers' Compensation Line of Insurance	551,776	-8.3%
	Line of moundince		

Does this filing only apply to certain territory (territories) or certain classes?

If so, specify:

No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

SENTINEL INSURANCE COMPANY, LTD will deviate -25% from the group rates. Including a loading for our own expenses with an expense multiplier of 1.07.

- * Adjusted to reflect all prior rate changes.
- ** Change in the company's premium level which will result from application of new rates.

SENTINEL INSURANCE COMPANY, LTD

Name of Company

Shawn M Biebel

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate lev	el produced by rate revision effective	04/01/2008
(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ <u>or -</u>)**
<u> </u>		
Automobile Liability Private		
Passenger Commercial _		
Automobile Physical Damage		
Private Passenger Commercial _		
3. Liability Other Than Auto		<u> </u>
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
-		<u> </u>
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail	07.040.005	+4.7%
15. Other Workers' Compensation Line of Insurance	37,046,995	+4,/%
Does filing only apply to certain territory (to Brief description of filing. (If filing follow 1/1/2008 loss costs and miscellaneous rates)	vs rates of an advisory organization, s	pecify organization): Adopting NCCI's
*Adjusted to reflect all prior rate changes. **Change in Company's premium level where the second sec	State Farm	Fire and Casualty Company Name of Company
•		Gregory S. Girard
		Assistant Secretary-Treasurer

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR

APR 0 1 2008

SPRINGFIELD, ILLINOIS

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR

Form (RF-3)

SUMMARY SHEET JAN 0 1 2008

SPRINGFIELD, ILLINOIS

Change in Company's premium or rate level produced by rate revision dffective

	(1) <u>Coverage</u>	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1.	Automobile Liability Private Passenger		
2.	Commercial Automobile Physical Damage Private Passenger		
3.	Commercial Liability Other Than Auto		
3. 4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers Compensation	\$938,122	1.6%
	Line of Insurance		
Does f No.	iling only apply to certain territory (ter	ritories) or certain classes? If so,	specify:
This multi	description of filing. (If filing follows filing adopts the NCCI IL-2007-08 los plier of 1.450, expense constant of \$28 oct to maximum of \$1000, Table 9 Pren	s costs and rating values effective 0, minimum premium formula of	January 1, 2008 with our loss cost 300 times the rate plus expense constant
* Cl	djusted to reflect all prior rate changes. nange in Company's premium level wh sult from application of new rates.		
			Tower Insurance Company of New York
			Name of Company
			Steven Lew, Senior Business Analyst
			Official - Title

ILLINOIS SUMMARY SHEET Form (RF-3)

	revision effective	January 1, 2008	
	(1)	(2) Annual Premium	(3) Percent
	Causana	Volume (Illinois) *	Change (+ or <u>-)</u> *
	Coverage	volume (minois)	Change (+ or -)
	Automobile Liability		
	Private Passenger		
	Commercial		
	Automobile Physical Damage		
	Private Passenger		
	Commercial		
	Liability Other Than Auto		
	Burglary and Theft Glass		
	Fidelity		
	Surety		
	Boiler and Machinery		
	Fire	*****	
	Extended Coverage		
	Inland Marine		
	Homeowners		
	Commercial Multi-Peril		
	Crop Hail		
	Workers Compensation	\$13,113,714	9.2%
	Other		
	Line of Insurance		
		ſ	to 1 comments
	oes filing only apply to certain territory (te	erritories) or certain f	
Cla	asses? If so, specify: No No	<u>.</u>	1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-
_		:	JAN 0 1 2008
р.	rief description of filing. (If filing follows ra	ates of an advisory	0 1 2008
	ganization, specify organization):	- <u>-</u> 1	30.
اں 11) Adopt 1/1/08 NCCI Loss Costs, miscellaned		
	P) Revise loss cost multipliers	sac taleon and whiteh in boddenia	10/3
	Adopt downward deviations in 40 classes		
1.) Revise Safety Association Discount		

Change in Company's premium level which will

result from application of new rates.

Truck Insurance Exchange
Name of Company

James J. Gebhard, FCAS, MAAA Actuary, Workers Compensation Official - Title

FORN	1 RF-3
	· · · · · ·

12/20/07

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective

April 1, 2008

RECEIVED

DEC 2 4 2007

IDFPR (MPC)
DIVISION OF INSURANCE
SPRINGFIELD

	(1)	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**	
-	Coverage	Volume (minois)	Onlinge (1 Or 1)	
1.	Automobile Liability Private Passenger Commercial			
2.	Automobile Physical Damage Private Passenger Commercial	<u> </u>		
3.	Liability Other Than Auto			
4.	Burglary and Theft			
5.	Glass			
6.	Fidelity			
7.	Surety			
8.	Boiler and Machinery			
9.	Fire		,	
10.	Extended Coverage			
11.	Inland Marine			
12.	Homeowners			
13.	Commercial Multi-Peril	•		
14.	Crop Hail			DIVIGIA
15.	Other Workers' Compensation Line of Insurance	52,541,051	-8.3%	SENTED OF THE STATE OF
	this filing only apply to certain territory specify:	/ (territories) or certain	Na /	APR 6 1 200g
				"A"NGFIELD /
Brief d	lescription of filing. (If filing follows ra	tes of an advisory orga	inization, specify orga	nization):

Twin City Fire Insurance Company will deviate 0% from the group rates. Including a loading for our own expenses with an expense multiplier of 1.426.

* Adjusted to reflect all prior rate changes.

** Change in the company's premium level which will result from application of new rates.

Twin City Fire Insurance Company
Name of Company

Shawn M Biebel